

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region02/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region02/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site <http://www.epa.gov/enviro/index.html> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"My Environment"** Web site <http://www.epa.gov/myenvironment> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtknet.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesqg.htm> provides information on Conditionally Exempt Small Quantity Generators.

FOIA Request No. EPA-R2-2014-007878

We have located hazardous waste information for Monsanto Co. at 1 Pennsylvania Avenue in Kearny, NJ. However, we did not find any hazardous waste information for the address at 8 Pennsylvania Avenue in South Kearny, NJ.

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1985 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Out of Business

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

T/A/C
F N J D 0 0 2 4 4 4 9 3 3 1 1
1 2 13 14 15

This Installation's Non-Regulated Status is Expected to Apply:

☐ For 1985 Only ☐ Permanently☐ Other _____C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF ESTABLISHMENT

M O N S A N T O C O M P A N Y
30 69

IV. ESTABLISHMENT MAILING ADDRESS

3 P E N N S Y L V A N I A A V E .
15 16 45

Street or P.O. Box

4 K E A R N Y N J 0 7 0 3 2
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF ESTABLISHMENT (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

VI. ESTABLISHMENT CONTACT

2 B A L A N C E L S O
15 16 45

Name (last and first)

2 0 1 - 5 8 9 - 0 3 5 0
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

William J. Boyle, Jr.

Plant Manager

Print/Type Name

Title

Signature

Date Signed

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd.

Rec'd by:

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G N J D 0 0 2 4 4 4 9 3 3 1 1
1 2 13 14 15

SCA Chemical Services

XI. FACILITY ADDRESS

X. FACILITY'S EPA I.D. NO.

F N J D 0 8 9 2 1 6 7 9 0
16 28100 Lister Avenue
Newark, NJ 07105

XII. TRANSPORTATION SERVICES USED

SCA Chemical Services NJD089216790

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Flammable Liquid, Alkylphenol Still bottoms liquid	0 8	D 0 0 1	1 2 5 6 2 0 0	P
		2 Flammable Liquid, Waste Toluene Mixture From the Alkylphenol Process	0 8	D 0 0 1	1 5 1 4 0	P
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		11				
		12				

XIV. COMMENTS (enter information by section number—see instructions)

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd: _____ Rec'd by: _____

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

SCA Chemical Services

XI. FACILITY ADDRESS

P.O. Box 200
Balmer Road
Model City, NY 14107

VIII. GENERATOR'S EPA I.D. NO.

G N J D 0 0 2 4 4 4 9 3 3 1
1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F N Y D 0 4 9 8 3 6 6 7 9
16 28

XII. TRANSPORTATION SERVICES USED

SCA Chemical Services
Haz Mat Environmental
Price TruckingNJD 089216790
NYD 980769947
NYD 046765574

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Corrosive Solid, Phosphoric Acid Filter Cake	0 2	D 0 0 2 D 0 0 4 35 38 39 42	8 3 9 8 0	P
	2	Poison B, Spent Alkylphenol Process Catalyst	1 8		3 0 7 8 0	P
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

ST. C. 1985

NOV 1985

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

XV. GENERATOR'S EPA I.D. NO.

T/A C

N J D 0 0 2 4 4 4 9 3 3

1 2

13 14 15

XVI. WASTE MINIMIZATION (narrative description)

The volume of hazardous wastes generated in 1985 was reduced by 20% from 1984 through the effective separation of hazardous from non-hazardous waste.

Tear out here

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste Management Division

I.R. - FOR OFFICIAL USE ONLY														
9	W	N	J	D	0	0	2	4	4	9	3	3	T/A	C
1	2									13	14	15		

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>W. J. Boyle, Jr.</i>	NAME & OFFICIAL TITLE (type or print) Plant Manager	DATE SIGNED 8/6/80
--------------------------------------	--	-----------------------



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD002444933

INSTALLATION ADDRESS

**MONSANTO COMPANY
PENNSYLVANIA AVENUE
KEARNY**

NJ 07032

**PENNSYLVANIA AVENUE
KEARNY**

NJ 07032

DATE RETURNED _____
REASON _____

☐ ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST

ID # NJD002444933

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. ^{(1) NON-NOTIFIER}
(2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, ~~VIII~~ B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY
(missing name and address on Form 3) ☐

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK



EPA USE ONLY

15-200-02-644933

NAME
ADDRESS
CITY
STATE
ZIP
FEDERAL AGENCY
OFFICE
TITLE
TELEPHONE
FAX
E-MAIL
DATE
BY

1. NAME (Last, first, middle initial)
2. ADDRESS (Street, P.O. Box, etc.)
3. CITY
4. STATE
5. ZIP
6. FEDERAL AGENCY
7. OFFICE
8. TITLE
9. TELEPHONE
10. FAX
11. E-MAIL
12. DATE
13. BY

FEDERAL AGENCY			OFFICE			TITLE		
	E	NA		E	NA		E	NA
	E	NA		E	NA		E	NA
	E	NA		E	NA		E	NA
	E	NA		E	NA		E	NA
	E	NA		E	NA		E	NA
	E	NA		E	NA		E	NA

14. NAME (Last, first, middle initial)
15. ADDRESS (Street, P.O. Box, etc.)
16. CITY
17. STATE
18. ZIP

19. NAME (Last, first, middle initial)
20. ADDRESS (Street, P.O. Box, etc.)
21. CITY
22. STATE
23. ZIP

24. NAME (Last, first, middle initial)
25. ADDRESS (Street, P.O. Box, etc.)
26. CITY
27. STATE
28. ZIP

29. NAME (Last, first, middle initial)
30. ADDRESS (Street, P.O. Box, etc.)
31. CITY
32. STATE
33. ZIP

34. NAME (Last, first, middle initial)
35. ADDRESS (Street, P.O. Box, etc.)
36. CITY
37. STATE
38. ZIP

39. NAME (Last, first, middle initial)
40. ADDRESS (Street, P.O. Box, etc.)
41. CITY
42. STATE
43. ZIP

2 8 1 9 (specify)	Industrial Inorganic Chemicals	2 8 1 2 (specify)	Industrial Organic Chemicals
(specify)	NA	(specify)	NA

MONSANTO COMPANY

800 NORTH LINDBERGH BLVD.

ST. LOUIS

MO 63166

314 694 1000

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of Inorganic & Organic Chemicals

* Note 1 numerous New Jersey permits to operate air emission control equipment. List of numbers available if needed.

F9: A
S1

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and that, based on my inquiry of those persons immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for providing false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Earle H. Harbison, Jr., Group Vice President & Managing Director		11/12/80

COMMENTS FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	24,750 000	G	7			
2				8			
3				9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
X-1	K	0	5	4	900	P	T	0	3	D	8	0			
X-2	D	0	0	2	400	P	T	0	3	D	8	0			
X-3	D	0	0	1	100	P	T	0	3	D	8	0			
X-4	D	0	0	2											included with above

EPA ID NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W N J D 0 0 2 4 4 4 9 3 3 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
W Z J Z	A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES														
											1. PROCESS CODES (enter)														
										2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
1	D	0	0	4	30000				T	S 0 1															
2	D	0	0	2	30000				T	S 0 1															
3																									
4																									
5																									
6																									
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24																									
25																									
26																									

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	12
F	N	J	D	0	0	2	4	4	4	9	3
										3	6

$$F6: \frac{A}{55} \quad F6: \frac{A}{56}$$
V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
4	0	4	4	2	9	0	7	4	0	7	0

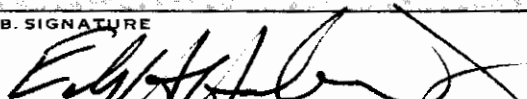
VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
Monsanto Company				314-694-1000			
3. STREET OR P.O. BOX				4. CITY OR TOWN		5. ST.	6. ZIP CODE
800 N. Lindbergh Blvd.				St. Louis		MO	63166

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Earle H. Harbison, Jr., Group Vice President & Managing Director		11/12/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

NJD 002444 933

Monsanto

MONSANTO INDUSTRIAL CHEMICALS CO.
800 N. Lindbergh Boulevard
St. Louis, Missouri 63166
Phone: (314) 694-1000

November 14, 1980

EPA - Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

Gentlemen:

The enclosed application represents the best efforts of a number of Monsanto Company personnel to interpret and comply with the applicable regulations. As you know, while some of the provisions of the regulations implementing the Act are quite clear, other provisions have been difficult to interpret in specific situations. In several instances, clarification of the regulations, which had been expected from the EPA, were not forthcoming. In the absence of such clarifications, Monsanto Company personnel have acted in good faith in applying the regulations to specific situations in the most reasonable manner, in an effort to carry out the intent of the Act.

The application has been signed on behalf of Monsanto Company by a principal executive officer of at least the level of vice president, as required by 40 CFR §122.6. Please note, however, that any communications with Monsanto Company in connection with this application should be addressed (and will move much more rapidly if so addressed) as follows:

Plant Manager
Monsanto Co., Kearny Plant
Pennsylvania Avenue
Kearny, New Jersey 07032

Regards,

MONSANTO COMPANY

Clayton F. Callis
Clayton F. Callis, Director
Environmental Operations &
Technology Planning

CFC/cm
Enclosure

a unit of Monsanto Company

MONSANTO COMPANY

KEARNY PLANT

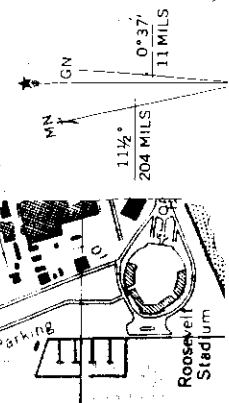
RCRA

HAZARDOUS WASTE PERMIT APPLICATION



JERSEY CITY
QUADRANGLE

MONSANTO COMPANY
KEARNY PLANT



BOUNDARY

